U S Department of Labor Office of Labor Man gement Standards Washington DC 210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E ORDA					
1 File Number U 25859	2 Fiscal Year Covered From				
	1 / 1 / 2005 Through 12 / 31 / 2005				
3 Name and address of person filing	4 Name file number and address of labor organization				
Name Kathleen Pingo	Name SEIU Local 49				
	Labor Organization File Number 034038				
PO Box Bldg Room No If any	P O Box Building and Room Number if any				
Street 21980 S Foothills	Street 3536 SE 26th Avenue				
City Oregon City	City Portland				
State ZIP Code + 497045	State Oregon ZIP Code + 4 97202				
5 Position in labor organization Secretary-Treasurer	2 1 1 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent					
6 Name and address of Employer (including trade name if any)	7 - Mahara di Maharata Tananahan andarana				
Name Kaiser-Permanente Trade Name if any	Cross-regional bargaining				
P O Box Bldg Room No If any					
Street FOO NE Muld-manch Contact 100	7 b Amount				
	-				
City Portland	\$1834 48				
State Oregon ZIP Code + 4 97232					
Signature					
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)					
Signed Karleen Lings	On 5/9/06 503-702-2787 Date Telephone Number				

Name of Person Filing Kathleen Pingo		File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any)	9 Business deals with				
Name	- Labor O				
Trade Name if any	a Labor Organization b Trust				
PO Box Bldg Room No If any	c Employer				
Street	Traden 400°				
City					
State ZIP Code + 4					
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing				
Name	The Principles of the Control of the		,		
Trade Name If any	na da		9		
PO Box Bldg Room No If any	Regularization or service for the service for		wages vive		
Street	11 b Approximate dollar val	ue of such dealing			
City	12 a Nature of interest he		And the state of t		
State ZIP Code + 4	5 %.	ş			
	The state of the s		indianament, in any speciment, in addition to the speciment of the speciment, and the speciment of the speci		
	12 b Amount				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relation Consultant (including trade name if any)	14 a Nature of payment	4, 5,4	A ST		
Name	The control of the co	`	problem and the second		
Trade Name If any	\$ \$				
PO Box Bldg Room No If any	4 quante inc		Aller		
Street	a poor deposits and the silv		i		
City	Notice on the state of the stat				
State ZIP Code + 4		estimonomical estimates es	many, solat kilikukkanana, mataut suosaanakkikikikanananana suoso suosaanananana		
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment				